

Superior Court of California, County of Lassen **Employment Application**

220 S Lassen Street Suite 9, Susanville, CA 96130

Applications: Applications for employment are accepted only during a time of recruitment. When a final filing date is indicated, a completed "Employment Application" form must be received by the Superior Court of California, County of Lassen before 5:00 PM of the closing date. The application must be filled out completely and clearly show that the minimum requirements are met. ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND INVESTIGATION. An applicant's acceptability for any examination must be based on the information on his/her application. An application and attachments, once submitted

Equal Opportunity: The Lassen County Superior Court is an equal opportunity employer, observing Federal, State and Local laws regarding discrimination on the basis of non-merit factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual preference.

Other ____ Alcohol/Drug Test, Medical, and/or Fingerprint Requirements: All prospective Court employees shall have a pre-employment Alcohol/Drug test. A medical Initials: ____ Date: ___ screening may be required before appointment to a position. Fingerprinting will be required for certain positions within the Court. I hereby certify that all statements made in the application are true and correct. I understand that this application will be used in determining my qualifications to Input by: advance to further stages of competition. I authorize investigation of all matters contained in this application. I agree and understand that any misstatements or omissions of material facts herein may result in elimination from the examination process or forfeiture of all employment rights associated with this examination Date: Notice Sent : _____ Signature 1) PLEASE TYPE OR PRINT IN DARK INK Name (Middle) (Last) Social Security Number Mailing Address (Number and Street) (City and State) (Zip Code) Home Phone Number () — Okay to leave message? \(\subseteq \text{Yes} \quad \text{No} \) **Position Applying For:** 2. Can you, after employment, submit proof of your legal right to 8. Have you ever been discharged, forced to resign, or work in the United States? rejected during a probationary period from any employment within the last 10 years? Yes No 3. Special test arrangements may be made to accommodate applicants with ☐ Yes ☐ No disabilities or whose religious convictions prevent them from testing on a specific day If yes, give the name and address of the employer(s), reason for each or date. Do you require such special arrangements? If yes, check the box below and attach a letter to this application explaining the nature of the special accommodations release and dates of employment. (If additional space is needed use box you require. In addition, please contact Superior Court of California, County of Lassen (530) 251-1879 at least two weeks prior to the test date printed on the job bulletin. ☐ Yes (If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.) 4. Do you possess a valid California Driver's License? (Fill in the 9. As an adult (age 18), have you ever been convicted of a information below only if required on the job announcement.) misdemeanor or felony? Yes No. Yes No License # You must complete this section to be considered for the job. Make Class attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying. Restrictions In addition to English, list any other languages Date and location of conviction: you: Violation Code: Possess verbal fluency in _____ Possess written fluency in Explanation (Give details in box 10.) 6. If this position requires keyboarding skills, please indicate. **10. Explanations** (Attach additional sheets if needed.): Keyboarding speed: You may be required to provide your original certificate. 7. Please indicate in which software programs you are proficient. ☐ Other _____ ☐ Other _____ ☐ MS Word ☐ MS Access ☐ MS Excel ☐ MS Outlook ☐ Word Perfect Other____

DO NOT WRITE IN THIS SPACE

☐ Incomplete Application

Accept

☐ Reject

□ Experience

☐ Education

☐ Late Application ☐ No Supplemental App.

Education											
Did you graduate from high school?											
Names of College, Graduate, Pr	rofessional, Busine	ess, and/or	Trade School (s) A	ttended	d :						
						k One					
Name of School	Location (City, State, Cou	antra)	Course of Study/N	Major	# Of Units	Sem.		Type of Degree	Completed (Yes/No)		
Name of School (City, State, Col		muy)	(miry) Course of Study/1		Units	Sem.	Qtr.	Type of Degree	(105/190)		
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Licenses or Certificates											
Professional Licenses or											
Certificates,											
if required	Issuing Agency		Issuing State		License/Certification Number			Date	Expiration Date		
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Employment Experience											
List all experience, starting with your most recent job. List different jobs/positions with the same employer separately. If you need additional space you may											
attach a resume (which can not be substituted for completing this application) and include answers to all of the questions asked on this application about each											
job experience. Refer to the Job Bulletin for this recruitment to help you decide whether a job you have held fulfills all or part of the Employment Standards.											
Official Job Title:		Name of I	Employer:			ı					
Mailing Address:		Supervisor	Supervisor's Name:				Supervisor's job title:				
		Salary: \$									
Dates of Employment:	Hrs per week:	hr/mo/wkly Reason for leaving:				ontact this employer regarding your employment record?:					
From / / To / / Description of primary duties:	oyment:	/ment: Yrs. Mos. Yes No Supervisor's phone number:									
Description of primary duties.											
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						Number	of Employe	ees Supervised: _			
Official Job Title:		Name of I	Name of Employer:				_				
Mailing Address:		Supervisor'	's Name:			Supervisor's job title:					
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Dates of Employment:	Hrs per week:	Intrino,	Are we authorized to co			ntact this emp	lover regardir	12 your employment r	ecord?:		
From / / To / /	Length of Emplo	ovment:				_	's phone nun				
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						Number	of Employe	ees Supervised:_			
											
Official Job Title:	Name of Employer:										
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S		Supervisor's Name:				Supervisor's job title:					
		Salary: \$!								
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Dates of Employment:	Hrs per week:	Are we authorized to contact this employer regarding your employment record?:									
From / / To / /	Length of Emplo					Supervisor's phone number:					
Description of primary duties:	1 0.	· · · · · · · · · · · · · · · · · · ·			<u>′ Lu </u>		P				
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						Number	of Employ	ees Supervised:			

An Equal Opportunity and ADA Compliant Employer Superior Court of California, County of Lassen

This sheet will be removed before the application is reviewed

Age □ Under 21
□ 21-39
□ 40-69
□ 70 and over
Gender □ Male
□ Female
E4/D
Ethnicity/Race
□ White
□ Hispanic
□ Black
□ Asian or Pacific Islander
□ American Indian or Alaska Native
How did you learn of this job opening?
□ Internet
□ Job Fair
□ Trade or Professional Publication:
□ Television or Radio
□ Friend or Relative
□ Job Line
□ The newspaper:
□ Other: